Alert to business entities regarding unsolicited mailings from VIRGINIA COUNCI CORPORATIONS or ANNUAL BUSINESS SERVICES is available from the Bulletin A link of the Clerk's Office website.

NOTE: The Clerk's Information System (CIS) and SCC eFile will be unavailable from a.m. until 12:00 p.m., Saturday, July 11, 2015. We apologize for the inconvenience thank you for your patience.



S Cor

CISM0180

CORPORATE DATA INQUIRY

07/07/15 13:18:08

CORP ID:

0504238

STATUS: 00 ACTIVE

STATUS DATE: 05/31/11

CORP NAME:

Overseas Pan-Korean Center

DATE OF CERTIFICATE: 06/09/1998 PERIOD OF DURATION:

INDUSTRY CODE: 00

STATE OF INCORPORATION:

VA VIRGÍNIA

STOCK INDICATOR:

N NON-STOCK

MERGER IND:

CONVERSION/DOMESTICATION IND:

GOOD STANDING IND: Y

MONITOR INDICATOR:

CHARTER FEE: 50.00

MON NO.

MON STATUS:

MONITOR DTE:

R/A NAME:

JUNG WOO LEE

STREET:

10527 BELMONT BLVD

AR RTN MAIL:

CITY:

LORTON

VA ZIP: 22079-0000

R/A STATUS:

EFF. DATE:

05/13/99 LOC: 129

FAIRFAX COUNTY

ACCEPTED AR#: 215 09 0955

1 DIRECTOR

PENALTY

DATE: 05/26/15

DATE: 05/26/15 STATUS: A

ASSESSMENT INDICATOR:

CURRENT AR#: 215 09 0955 YEAR

FEES

INTEREST

TAXES

BALANCE

TOTAL SHARES

15

25.00

(Screen Id:/Corp Data Inquiry)

Alert to business entities regarding unsolicited mailings from VIRGINIA COUNCIL CORPORATIONS or ANNUAL BUSINESS SERVICES is available from the Bulletin Allink of the Clerk's Office website.

NOTE: The Clerk's Information System (CIS) and SCC eFile will be unavailable from a.m. until 12:00 p.m., Saturday, July 11, 2015. We apologize for the inconvenience thank you for your patience.



Virg

07/07/15

CISM3050

REGISTERED AGENT INQUIRY

13:18:58

CORP ID:

0504238 - 7

CORP STATUS:

00 ACTIVE

CORP NAME:

Overseas Pan-Korean Center

CURRENT REGISTERED AGENT:

NAME: JUNG WOO LEE

STREET: 10527 BELMONT BLVD

CITY: LORTON

STATE: VA ZIP: 22079-0000

STATUS: 1 DIRECTOR

EFF DATE: 05/13/99 LOC: 129 FAIRFAX COUNTY

OLD REGISTERED AGENT:

NAME: JUNG WOO

STREET: 3639 MALIBU CIRCLE #112

CITY: FALLS CHURCH

STATE: VA ZIP: 22041-0000

STATUS: 1 DIRECTOR EFF DATE: 06/09/98

06/09/98 LOC: 129 FAIRFAX COUNTY

(Screen Id:/Corp_Registered_Agent_Inquiry)

Crowther, Joan (DEQ)

Jeff Sledjeski [jsledjeski@hotmail.com]

Friday, February 20, 2015 11:39 AM Crowther, Joan (DEQ); Bill Sledjeski

RE: VA0090026, Young Kim Sewage Treatment Plant Comment Letter Subject:

Young Kim STP Paperwork.pdf Attachments:

Joan,

From:

Sent: To:

Attached is the package that Bill prepared with your requested revisions. Please feel free to call or email me or Bill with any questions or comments.

Jeff

Jeff Sledjeski, OSE Soil Tech, Inc. 14630-F Flint Lee Road Chantilly, VA 20151 Phone: (703) 631-9647 Fax: (703) 631-2156

"Stercus Accidit""

From: Joan.Crowther@deq.virginia.gov

To: jsledjeski@hotmail.com; bill@soiltechinc.com

Subject: RE: VA0090026, Young Kim Sewage Treatment Plant Comment Letter

Date: Wed, 18 Feb 2015 20:34:42 +0000

Thanks...

From: Jeff Sledjeski [mailto:jsledjeski@hotmail.com] Sent: Wednesday, February 18, 2015 3:34 PM

To: Crowther, Joan (DEQ); Bill Sledjeski

Subject: RE: VA0090026, Young Kim Sewage Treatment Plant Comment Letter

Joan,

Bill is working on it now. I will have him contact you directly with any questions.

Jeff

Jeff Sledjeski, OSE Soil Tech, Inc. 14630-F Flint Lee Road Chantilly, VA 20151 Phone: (703) 631-9647

Fax: (703) 631-2156

"Stercus Accidit"



To: jsledjeski@hotmail.com; jeff@soiltechinc.com

Subject: FW: VA0090026, Young Kim Sewage Treatment Plant Comment Letter

Date: Wed, 18 Feb 2015 20:31:49 +0000

Hi Jeff,

Just checking in.. Hopefully you received my email requesting additional information. Let me know if you have any questions.

Thanks,

Joan

Joan C. Crowther
VPDES Permit Writer
VA Department of Environmental Quality
13901 Crown Court
Woodbridge, VA 22193
703-583-3925
fax 703-583-3821
joan.crowther@deq.virginia.gov

From: Crowther, Joan (DEQ)

Sent: Thursday, February 05, 2015 12:00 PM **To:** 'jsledjeski@hotmail.com'; 'Jeff Sledjeski'

Subject: VA0090026, Young Kim Sewage Treatment Plant Comment Letter

Hi Jeff,

Please find attached my letter dated February 5, 2015 explaining what additional information we need to process this VPDES Permit Application. I have attached your VPDES Permit Application documents plus the VPDES Permit Application Addendum form that need to be completed and submitted.

Please let me know if you have any questions.

Thanks,

Joan

Joan C. Crowther
VPDES Permit Writer
VA Department of Environmental Quality
13901 Crown Court
Woodbridge, VA 22193
703-583-3925
fax 703-583-3821
joan.crowther@deg.virginia.gov



Sent: Wednesday, February 04, 2015 2:37 PM

To: Crowther, Joan (DEQ); Bill Sledjeski

Subject: FW: VA0090026, Young J. Kim VPDES Permit Application Reminder letter

Ms. Crowther,

Copies of signed forms are attached. I have also attached a DMR report for last year. Please feel free to call or email me or Bill with any questions or comments.

Jeff

Jeff Sledieski, OSE Soil Tech, Inc. 14630-F Flint Lee Road Chantilly, VA 20151 Phone: (703) 631-9647

Fax: (703) 631-2156

"Stercus Accidit""

To: Joan.Crowther@deg.virginia.gov

Subject: Re: VA0090026, Young J. Kim VPDES Permit Application Reminder letter

From: wsledjeski@aol.com

CC: jeff@soiltechinc.com; bill@soiltechinc.com

Date: Tue, 27 Jan 2015 10:27:12 -0500

Joan -

I had a response from a representative for Y.J. Kim and they wish to keep the permit current

they wanted to know if the name can be changed. I will forward the forms ASAP.

Bill S.

William F. Sledjeski, CPSS, OSE Soil Tech Inc. 14630-F Flint Lee Rd. Chantilly, VA 20151 703-631-9647

----Original Message-----

From: Crowther, Joan (DEQ) (DEQ) < <u>Joan.Crowther@deq.virginia.gov</u>>

To: William F. Sledjeski <wsledjeski@aol.com>

Sent: Fri, Jan 23, 2015 10:04 am

Subject: RE: VA0090026, Young J. Kim VPDES Permit Application Reminder letter

Hi Bill,

Thank you very much!

Joan

From: William F. Sledjeski [mailto:wsledjeski@aol.com]

Sent: Friday, January 23, 2015 9:54 AM

To: Crowther, Joan (DEQ)

Subject: Re: VA0090026, Young J. Kim VPDES Permit Application Reminder letter

Joan

Thank you for the update. I haven't been in contact with Y.J. Kim since 2012 and am not certain of the property or permit status. I will forward this information to an email address that may be helpful and respond back.

Bill S.

William F. Sledjeski, PSS, AOSE Soil Tech Inc. 14630-F Flint Lee Rd. Chantilly, VA 20151 703-631-9647

----Original Message----

From: Crowther, Joan (DEQ) (DEQ) < Joan.Crowther@deq.virginia.gov >

To: wsledjeski <wsledjeski@aol.com> Sent: Thu, Jan 22, 2015 3:28 pm

Subject: VA0090026, Young J. Kim VPDES Permit Application Reminder letter

Hi Bill.

The purpose of this email is to see if you are still the contact person for the Overseas Pan-Korean Center. The current VPDES Permit No. VA0090026 for the proposed wastewater treatment plant expires May 16, 2015. The VPDES Permit application for the reissuance of this permit was due November 17, 2014. The attached reminder letter was mailed to Mr. Kim on May 28, 2014. We have yet to receive the VPDES Permit Reissuance Application. If the proposed wastewater treatment plant is no longer needed, then the existing permit can be allowed to expire. However, if the intent is to still build the wastewater treatment plant, then the VPDES Permit Reissuance Application needs to be submitted now.

Please let me know if you are still the contact person for this facility and if you can help me with the submittal of the permit application.

Your attention in this matter is greatly appreciated.

Joan

Joan C. Crowther
VPDES Permit Writer
VA Department of Environmental Quality
13901 Crown Court
Woodbridge, VA 22193
703-583-3925
fax 703-583-3821
joan.crowther@deq.virginia.gov

MEMO

SOIL TECH INC 14630-F FLINT LEE RD. CHANTILLY, VA 20151 703-631-9647

TO:

JOAN C. CROWTHER

FROM:

WILLIAM E SLEDJESKI

CC:

DATE:

2/18/15

RE:

YOUNG J KIM VPDES PERMIT NO. VA0090026

Joan-

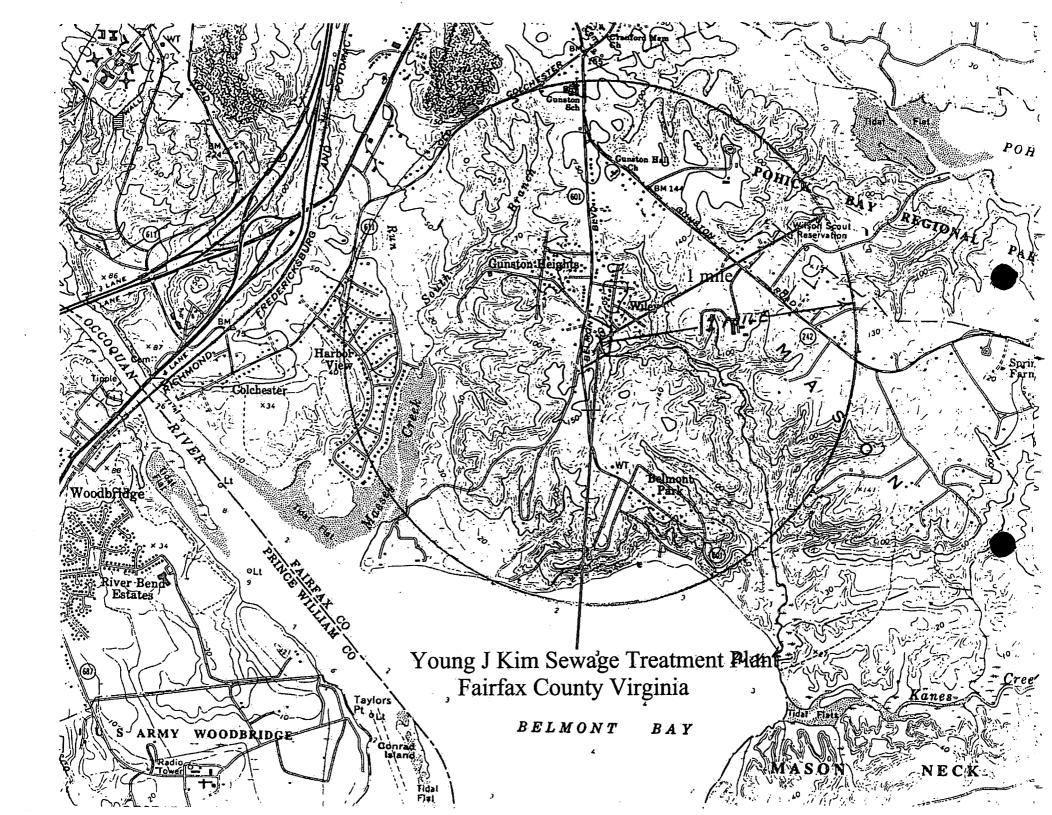
Attached are updated copies of the reissuance application. Pleae review for completion.

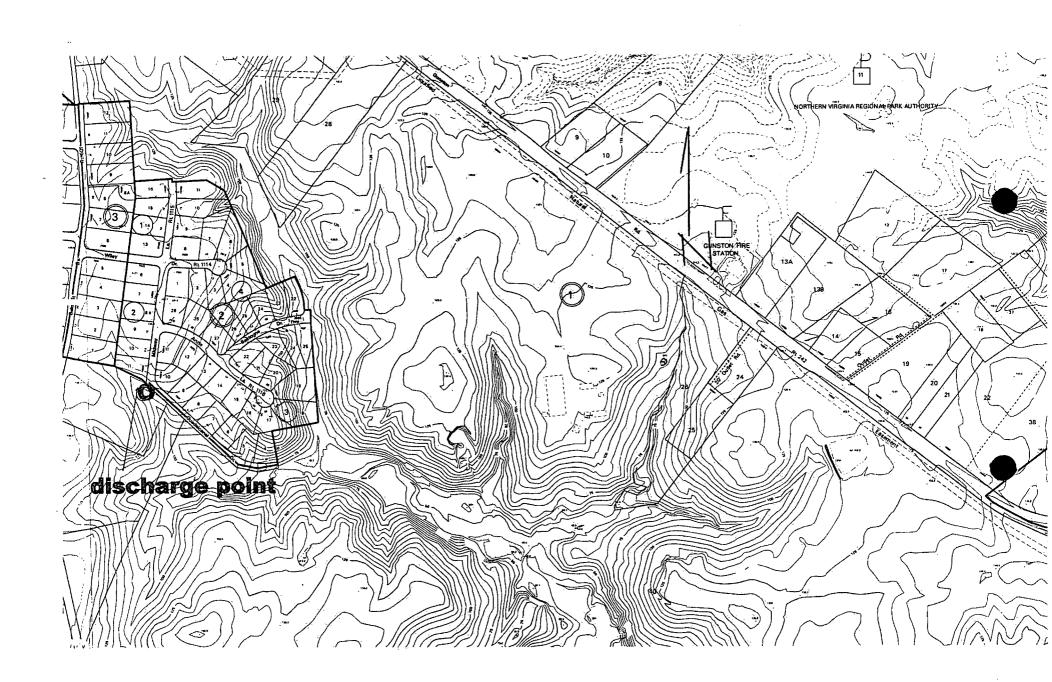
Thanks,

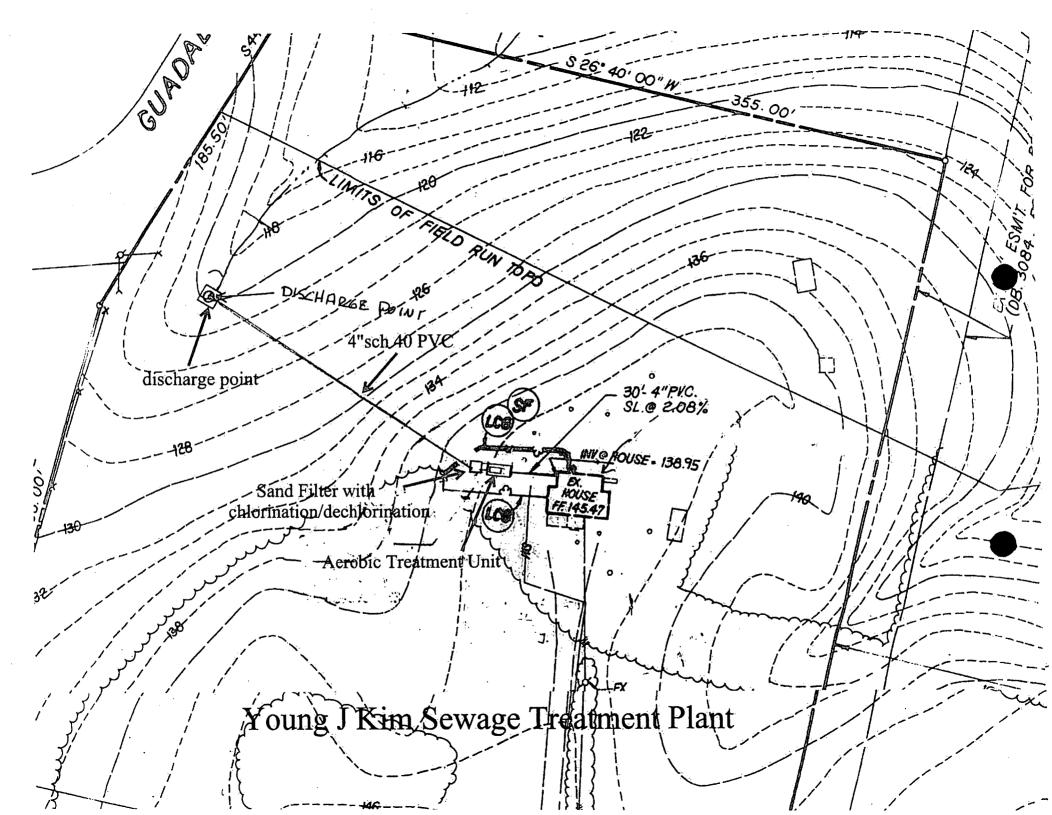
Bill Sledjeski

hazardous wastes? (FORM 3)		X		containing, within one	quarter mile of the well bore, drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons?	28	× ×	30	H. Do you or will you inject processes such as mining solution mining of miner	at at this facility fluids for special g of sulfur by the Frasch process, rals, in situ combustion of fossil lermal energy? (FORM 4)	31	× 32	33
(FORM 4)	34	35	36			37	38	.39
 Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) 	40	×	42	NOT one of the 28 in instructions and which vear of any air pollutant	ded stationary source which is dustrial categories listed in the will potentially emit 250 tons per regulated under the Clean Air Act located in an attainment area?	43	×	45
III. NAME OF FACILITY			Comment of the same of the sam			- X	3-	
SKIP Young J Kim Sewage Treatme	nt	Pla	nt			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
IV. FACILITY CONTACT		. 133	新生生 黄素			69	***	1. 1. 16 M
the state of the s			Malu in Tid	TERROLL COLLEGE TROOP	D. BUONE (* 1265 T
A. NAME & TITLE (Just	, first,	& title)	1 1 1		B. PHONE (area code & no.)	6.40.2 Garan		
Jung Woo Lee		1 1	1 1 1		(571)'723-6141 ' '			
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15 16				40 41 42 4	7 51	Ander 1	\$1,000 \$1	
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5 10527 Belmont Boulevard								
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B. COUNTY Fairfax	NAM	E			70			
B. COUNTY	NAM	E		D. STATE	E. ZIP CODE F. COUNTY CO	ODE (if known	<u></u>

VII. SIC CODES (4-digit, in order of priority)		2.00 P. 2016-14-14		MANAGEMENT TO CONTRACT OF THE
7 4952 (specify) with		(specifi)	B. SECOND	
3 14 . 15	·	<u> </u>		
C. THIRD	- A Company of the Co	C (specify)	D. FOURTH	*
7		7 3 0 0		
VIII. OPERATOR INFORMATION	A. NAME			Second street, see 12. I have been seen as the second second see 12.
g Jung Woo Lee	7. NAME		11111	B. is the name fisted in Item VIII-A also the owner? YES NO
C. STATUS OF OPERATOR (Enter th	ae oppropriate letter into the	unswer box: If "Other," specifi	·)	D. PHONE (area code & no.)
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than for property)	ederal or state) P	(prcifs)		(571) 723-6141
E. STREET OR P.C	D. BOX			
10527 Belmont Boulevard				
F. CITY OR TOW	/N		E H. ZIP CODE IX.	INDIAN LAND
B Lorton		VA	22079	ne facility located on Indian lands? YES EI NO
X. EXISTING ENVIRONMENTAL PERMITS		# 41 Transfer of the state of t		
A NPDES (Discharges to Surface Water)		missions from Proposed Sources		a the state of the
9 N	9 P		.1 1	
B. UIC (Underground Injection of Fluids)			THER (specify)	
9 U	9 ' VA'00'90	026	(specific) VPOE	5
C. RCRA (Hazardous Wastes)			THER (specifi)	
	<u> </u>		(specify)	
B R	9		113.13.3	
15 36 17 14	9 16 17 19		30	
XI. MAP Attach to this application a topographic map of the area location of each of its existing and proposed intake and di	extending to at least on scharge structures, each	of its hazardous waste treat	daries. The map must s	al facilities, and each well where it
XI. MAP Attach to this application a topographic map of the area location of each of its existing and proposed intake and disinjects fluids underground. Include all springs, rivers, and o	extending to at least on scharge structures, each	of its hazardous waste treat	daries. The map must s	show the outline of the facility, the
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FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Parts B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

- A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification. All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

- D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
 - 1. Has a design flow rate greater than or equal to 1 mgd,
 - 2. Is required to have a pretreatment program (or has one in place), or
 - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
 - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
 - 2. Any other industrial user that:
 - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
 - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)



PAR	TA. BASIC APPL	ICATION INFO	ORMATION FOR ALL	PPLICANTS:	
Ali ti	eatment works mus	complete ques	tions A:1 through A:8 of t	his Basic Application Information p	acket.
A:1.	Facility Information	.			
	Facility name	Kim Young J	Sewage Treatment Plan	t	
	Mailing Address		nt Boulevard, Lorton, VA	22079	·
	Contact person	Jung Woo Lee			
	Tille	Agent			
	Telephone number	(571) 723-614	.1		
	Facility Address	10527 Belmor	nt Boulevard, Lorton, VA	22079	-
	(not P.O. Box)				
A.2.	Applicant Informat	ion. If the applica	ant is different from the abo	ve, provide the following:	
	Applicant name	Overseas Par	n-Korean Center		
	Mailing Address	Same as Abo	ve		
	Contact person	Jung Woo Lee	9		
	Title	Chairperson			·
	Telephone number	(571) 723-614	1		
	Is the applicant the	owner or opera	itor (or both) of the treatm	nent works?	
	Indicate whether cor	respondence reg	arding this permit should be	e directed to the facility or the applican	L
A.3.	facility Existing Environment	ental Permits. P	_ applicant rovide the permit number o	of any existing environmental permits the	nat have been issued to the treatment
	works (include state	-issued permits).		,	
				PSD	
				Other <u>VPDES VA0</u> Other	090026
A.4.	Collection System	Information. Pro	ovide information on munici	palities and areas served by the facilit	y. Provide the name and population of and its ownership (municipal, private,
	Name		Population Served	Type of Collection System	Ownership
	10527 Belmont Bo	oulevard	12	Separate	Private
					· · · · · · · · · · · · · · · · · · ·
		pulation served	12		

.5. In							
	dian Country.		,		•		
a.	Is the treatment works to	ocated in Indian	Country?				
	Yes		No				
b.			a receiving water that	is either in Indian C	Country or that is	upstream from (a	nd eventually flows
	through) Indian Country	? •⁄ 1	t-				
	Yes		NO				
a١	low. Indicate the design flowerage daily flow rate and deriod with the 12th month o	maximum daily	flow rate for each of t	he last three years.	Each year's data	must be based	
a.	Design flow rate	.0009 _{mg}	gd				
			Two Years Ago	Last Ye	ear	This Year	
b.	Annual average daily flo	w rate	N/A		N/A	N	/A mgd
C.	Maximum daily flow rate	•	N/A		N/A	<u> </u>	/A mgd
	ollection System. Indicational Indication (by miles) of ea		collection system(s)	used by the treatme	ent plant. Check a	all that apply. Als	o estimate the per
_	Separate sanitary	sewer					<u></u> % .
	Combined storm a	and sanitary sev	ver.				<u>%</u>
8. D	ischarges and Other Dis	nocal Mathodo					
U. D	ischarges and Other Dis	posai ilietiious	•			•	
a.	. Does the treatment work	ks discharge eff	luent to waters of the	U.S.?		Yes	No
	If yes, list how many of	each of the follo	wing types of dischar	rge points the treatm	nent works uses:		
	i. Discharges of treate	ed effluent					1
	ii. Discharges of untre	ated or partially	treated effluent			_	
	iii. Combined sewer ov	verflow points				_	
	iv. Constructed emerge	ency overflows	(prior to the headwork	(5)		_	
	v. Other					_	
b.	Does the treatment wor impoundments that do real fyes, provide the follow Location:	not have outlets	for discharge to water		_	Yes	No
	Annual average daily vo	olume discharge	ed to surface impound	Iment(s)	,		mgd
	Is discharge	continuous		ermittent?			
	-						
	Does the treatment wor	ks land-apply tr	eated wastewater?		-	Yes	No
c.	If yes, provide the follow	ving <u>for each lar</u>	nd application site:				
C.							
C.	Location:						
C.	Location: Number of acres:				•		
C.	•		site:		Mgd		
c.	Number of acres: Annual average daily vo			intermittent?	Mgd		

FACILITY	NAME	AND	PERMIT	NUMBE

Form Approved 1/14/99 OMB Number 2040-0086

)	Form Ap OMB Nu

If transport is by a party	other than the applicant, provide:		
Transporter name:	N/A		
Mailing Address:			
Contact person:			
Title:			
Telephone number:			
For each treatment wo	ks that receives this discharge, provide the following:		
Name:	N/A		
Mailing Address:			
Contact person:			
Contact person:		-	
		-	
Title: Telephone number:		-	
Title: Telephone number: If known, provide the N		-	
Title: Telephone number: If known, provide the N Provide the average da Does the treatment wo	PDES permit number of the treatment works that receives this discharge.	-	
Title: Telephone number: If known, provide the N Provide the average da Does the treatment wo A.8.a through A.8.d ab	PDES permit number of the treatment works that receives this discharge. illy flow rate from the treatment works into the receiving facility. rks discharge or dispose of its wastewater in a manner not included in	·	mg
Title: Telephone number: If known, provide the N Provide the average da Does the treatment wo A.8.a through A.8.d ab If yes, provide the follo	PDES permit number of the treatment works that receives this discharge. ily flow rate from the treatment works into the receiving facility. rks discharge or dispose of its wastewater in a manner not included in ove (e.g., underground percolation, well injection)?	·	mg



If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

. Des						:
	cription of Outfall.					
a.	Outfall number	10527 Belmont Boulevard	- ;	7		
b.	Location	Lorton				2079
		(City or town, if applicable) Fairfax			V)	
		(County) 38 degrees 40' 12" N			(Si 77	ale) 7 degrees `12' 32" W
		(Latitude)			. (Lo	ongitude)
c.	Distance from shore (if	fapplicable)	N//	<u> </u>	ft.	
d.	Depth below surface (if	f applicable)	N//	<u>4 </u>	ft.	
e.	Average daily flow rate	See Attachment	VPDES	Basis	mgd	
f.	Does this outfall have operiodic discharge?	either an intermittent or a	✓	Yes		No (go to A.9.g.)
	If yes, provide the follo	wing information:				
	Number of times per ye	ear discharge occurs:		365		
	Average duration of ea	ach discharge:	<	1 hour		<u> </u>
	Average flow per disch	narge:		.0009		mgd
	Months in which discha	arge occurs:		ALL		_
g.	Is outfall equipped with	n a diffuser?		Yes	/	_ No
10 De						
iu. Des	scription of Receiving	Waters.				
a.	scription of Receiving Name of receiving wat		Belmont Bay)			
	· ·	er Occoquan River (E	Belmont Bay)			
a.	Name of receiving wat	er Occoquan River (E	/A	own):	N/A	
a. b.	Name of receiving wat Name of watershed (if United States Soil Con	known) Occoquan River (E	/A	own):	N/A	N/A
a. b.	Name of receiving wat Name of watershed (if United States Soil Con Name of State Manage	known) Note that the servation Service 14-digit waters	/A hed code (if kn			N/A N/A
a. b. c.	Name of receiving wat Name of watershed (if United States Soil Con Name of State Manage United States Geologic Critical low flow of rece	known) Number various Service 14-digit waters ement/River Basin (if known): cal Survey 8-digit hydrologic cata eiving stream (if applicable):	/A shed code (if kn — loging unit code	e (if known)	: _	
a. b. c.	Name of receiving watershed (if United States Soil Con Name of State Manage United States Geologic Critical low flow of rece acute N/A	known) Note that the process of the	/A shed code (if known in the code control in the code control in the code control in the code in the	e (if known)	:	

FACILITY NAME AND PERMIT NUMBE

▜	
•	

A.11. Description of Tre	atment.						_	,
a. What levels of t	reatment are pro	vided? Ch	eck all that a	ipply.				
Prir	mary		Seco	ndary				
Adv	vanced		Other	. Describe:	ATU to Sar	nd Filter to Cl	nlorinator/Decl	nlorinator
b. Indicate the following	owing removal ra	tes (as ap	plicable):					
Design BOD ₅ re	moval <u>or</u> Design	CBOD _s re	emoval		> 96		%	
Design SS rem	oval				> 95)	%	
Design P remov	/al				0.18	mg/L(Limita	tion) %	
Design N remo	val				> 96		-%	
Other Disso	lved O	···			5 mg	g/L (Limitatio	n) %	
c. What type of di	sinfection is used	I for the ef	fluent from th	nis outfall? If disir	nfection varies	by season, pl	ease describe.	
Chlorination								
If disinfection is	by chlorination,	is dechlori	nation used	for this outfall?		✓ Ye	S	No
d. Does the treatn	nent plant have p	ost aeratio	on?		_	Ye	s	No
At a minimum, ett Outfall number: PARAMET		·" MANAMANANANANANANANANANANANANANANANANAN		at least three sa	Valu	AVEF	RAGE DAILY VA	d one-half years apart. LUE Number/of/Samples
		Marie Company	6			and the second		
pH (Minimum)			9	S.U.			4 × 32 × 42 × 4	Section Asia
pH (Maximum) Flow Rate		.00		s.u. MGD	.0009		MGD	1/3M
Temperature (Winter)		N/	-					
Temperature (Summer)		Ņ/					,	
* For pH please rep				A 5 4 4 5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			ీసకుడుకేజ్, జేకు కర్	
POLLUTANT		MAXIMUR DISCH		AVERAG	VERAGE DAILY DISCHARGE		ANALYTICAL METHOD	ML//MDL
		Sonc.	Ünits	Conc.	Units	Number of Samples		
CONVENTIONAL AND N	ONCONVENTIO	NAL CON	IPOUNDS.			.,		
BIOCHEMICAL OXYGEN	BOD-5	7.5	mg/L	,				
DEMAND (Report one)	CBOD-5	N/A		7.5	mg/L	1/3m		
FECAL COLIFORM		N/A						
TOTAL SUSPENDED SOLI	DS (TSS)	N/A		9.0	mg/L	1/3m	<u> </u>	
			E	ND OF PAR	RT.A.			•

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM **2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:		Form Approved 1/14/99 OMB Number 2040-0085
BASIC APPLICATION INFORM	MATION	
PART C. CERTIFICATION		
applicants must complete all applicable section	s of Form 2A, as explained in the A this certification statement, applica-	ermine who is an officer for the purposes of this certification. All pplication Overview. Indicate below which parts of Form 2A you units confirm that they have reviewed Form 2A and have completed
Indicate which parts of Form 2A you have co	ompleted and are submitting:	
Basic Application Information pack	et Supplemental Application	Information packet:
·	Part D (Expanded	Effluent Testing Data)
	Part E (Toxicity T	esting: Biomonitoring Data)
	Part F (Industrial	User Discharges and RCRA/CERCLA Wastes)
	Part G (Combine	d Sewer Systems)
ALL APPLICANTS MUST COMPLETE THE F	OLLOWING CERTIFICATION.	
designed to assure that qualified personnel pro who manage the system or those persons direct	perly gather and evaluate the infor city responsible for gathering the in	d under my direction or supervision in accordance with a system nation submitted. Based on my inquiry of the person or persons formation, the information is, to the best of my knowledge and s for submitting false information, including the possibility of fine
Name and official title Jung Woo Lee		
Signature		· · · · · · · · · · · · · · · · · · ·
Telephone number (571) 723-6141	<i>V</i>	·
Date signed 01/27/2015		
Upon request of the permitting authority, you me works or identify appropriate permitting require		ecessary to assess wastewater treatment practices at the treatment

SEND COMPLETED FORMS TO:

VPDES Permit Application lendum
1. Entity to whom the permit is to be issued: Jung Wo Lee
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. Is this facility located within city or town boundaries? Yes No
3. Provide the tax map parcel number for the land where the discharge is located. 113-4-001-23A
4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?
5. What is the design average effluent flow of this facility? .0009 MGD
For industrial facilities, provide the max. 30-day average production level, include units:
na
If "Yes", please identify the other flow tiers (in MGD) or production levels: Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow? 6. Nature of operations generating wastewater:
residential residential
100 % of flow from domestic connections/sources
Number of private residences to be served by the treatment works: 1
0 % of flow from non-domestic connections/sources
7. Mode of discharge: Continuous Intermittent Seasonal Describe frequency and duration of intermittent or seasonal discharges:
8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:
Permanent stream, never dry
X Intermittent stream, usually flowing, sometimes dry
Ephemeral stream, wet-weather flow, often dry

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

Permanent stream, never dry

X Intermittent stream, usually flowing, sometimes dry

Ephemeral stream, wet-weather flow, often dry

Effluent-dependent stream, usually or always dry without effluent flow

Lake or point at or below the discharge point

Other:

9. Approval Date(s):May 15, 2009

O & M Manual Not constructed Sludge/Solids Management Plan na

Have there been any changes in your operations or procedures since the above approval dates? Yes No

ERMITTEE NAME/ADDRESS(INCLUDE ACILITY NAME/LOCATION IF DIFFERENT)

DDRESS 10527 Belmont Blvd

ACILITY 10527 Belmont Blvd

Lorton

MAME

OCATION

Kim Young J Sewage Treatment Plant

VA 22079

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0090026 001

PERMIT NUMBER DISCHARGE NUMBER

 YEAR
 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2014
 1
 1
 TO
 2014
 12
 31

Municipal Minor

05/10/2004

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Northern Va. Regional Office 13901 Crown Court

Woodbridge

VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			THOM				<u> </u>			I EDECUEVOY	-
PARAMETER		QUANTI	TY OR LOADING				NO.		SAMPLE		
1 FOR COURSE A POST A		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
001 FLOW	REPORTO				****	*****	******				
	REQRMN	0.0009	ИĽ	MGD	*******	*******	*******		0	1/3M	EST
002 PH	REPORTD	*****	******			*******					
	REQRMNT	******	******		6.0	******	9.0	SU	0	1/3M	GRAB
004 TSS	REPORTO				*****						
	REQRMN1	0.02	0.03	KG/D	******	6.0	9.0	MG/L	0	1/3M	GRAB
007 DO	REPORTO	******	******			*******	******				
	REQRMNT	****	******		5.0	*******	*******	MG/L	0	1/3M	GRAB
012 PHOSPHORUS, TOTAL	REPORTD		r		******						
(AS P)	REQRMNT	0.0006	0.0009	KG/D	*******	0.18	0.27	MG/L	0	1/3M	GRAB
120 E.COLI	REPORTD	****	****		********	*******					
	REQRMNT	*****	****		*****	******	235	N/CML	0	1/3M	GRAB
157 CL2, TOTAL CONTACT	REPORTD	*******	******			*****	*****				
	REQRMNI	*******	******		1.0.	******	*****	MG/L	0	1/3M	GRAB
159 CBOD5	REPORTD				******						
	REQRMN1	0.02	0.03	KG/D	******	5.0	7.5	MG/L	0	1/3M	GRAB

ADDITIONAL PERMIT REQUIREMENTS OR COMMENTS

NOT BUILT - NO DISCHARGE

BYPASSES AND	TOTAL TOTAL FLOW(M.G.) TOTAL BOD5(K.G.)			OPERATOR IN	DA	DATE			
OVERFLOWS						•			
CERTIFY UNDER PERALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE REPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUINY OF THE PERSON PERSONS WHO MANAGE			TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY	
THE SYSTEM OR THE	HOSE PERSONS DIRECTI E INFORMATION SUBMIT	LY RESPONSIBLE FOR GATH MIED IS TO THE BEST OF	ERING THE MY KNOWLEDGE AND	PRINCIPAL EXECUTIVE OFFIC	ER OR AUTHORIZED AGENT	TELEPHONE			
SELIEF TRUE. ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PRALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 33 U.S.C. &				William F. Sledjeski	WW Slash	703-631-9647	2015	01	27
	es under these statutes may include fine comment of between 6 months and 5 years.)		p to \$10,000 and/or	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY

ITTEE NAME/ADDRESS(INCLUDE .ITY NAME/LOCATION IF DIFFERENT)

RESS 10527 Belmont Blvd

.ITY 10527 Belmont Blvd

Lorton

.TION

Kim Young J Sewage Treatment Plant

VA 22079

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM(NPDES)
DISCHARGE MONITORING REPORT(DMR)

VA0090026 001

PERMIT NUMBER DISCHARGE NUMBER

PERMIT NUMBER DISCHARGE NUMBER
MONITORING PERIOD

FROM

YEAR MO DAY YEAR MO DAY 2014 1 1 TO 2014 12 31

Municipal Minor

05/10/2004

DEPT. OF ENVIRONMENTAL QUALITY (REGIONAL OFFICE)

Northern Va. Regional Office 13901 Crown Court

Woodbridge

VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

IAMETER		QUANT	ITY OR LOADING			QUALITY OR CO	NCENTRATION		NO.	FREQUENCY OF	SAMPLE
•		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX.	ANALYSIS	TYPE
FLOW	REPORTO				*****	*******	*******				
	REQRMNT	0.0009	NL	MGD	*******	*******	*******		0	1/3M	EST
РН	REPORTD	****	*******			******					_
	REQRMNT	******	*******		6.0	*******	9.0	su	0	1/3M	GRAB
TSS	REPORTO				******			·			
	REQRMN	0.02	0.03	KG/D	*****	6.0	9.0	MG/L	0	1/3M	GRAB
DO	REPORTD	*******	*****			*******	******				
	REQRMN1	******	*****		5.0	*******	*****	MG/L	0	1/3M	GRAB
PHOSPHORUS, TOTAL	REPORTO				*****						
P)	REQRMN1	0.0006	0.0009	KG/D	******	0.18	0.27	MG/L	0	1/3M	GRAB
E.COLI	REPORTO	*****	*******		*****	******					
	REQRMN1	******	*****		******	******	235	N/CML	0	1/3M	GRAB
CL2, TOTAL CONTACT	REPORTD	******	******			*******	*******				
	REQRMNI	*****	*****		1.0	*******	*******	MG/L	0	1/3M	GRAB
CBOD5	REPORTO		1		*******						
	REQRMNI	0.02	0.03	KG/D	*******	5.0	7.5	MG/L	0	1/3M	GRAB

TONAL PERMIT REQUIREMENTS OR COMMENTS

NOT BUILT - NO DISCHARGE

'ASSES AND	TOTAL OCCURRENCES	TOTAL FLOW(M.G.)	TOTAL BOD5(K.G.)	OPERATOR IN	OPERATOR IN RESPONSIBLE CHARGE					
RFLOWS	ws .									
TIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHDENTS WERE RED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM MED TO ASSURE THAT QUALIFIED PERSONNEL PROPERTY GATHER AND EVALUATE THE NATION SUBMITTED. BASED ON MY INCOURY OF THE PERSON OR PERSONS WHO MANAGE				TYPED OR PRINTED NAME	SIGNATURE	CERTIFICATE NO.	YEAR	MO.	DAY	
YSTEM OR TH	HOSE PERSONS DIRECTLE INFORMATION SUBMIT	Y RESPONSIBLE FOR GATH TED IS TO THE BEST OF	ERING THE MY KNOWLEDGE AND	PRINCIPAL EXECUTIVE OFFIC						
F TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT TIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE MPRISOMMENT FOR KNOWING VIOLATIONS. SEE 18 U.S.C. & 1001 AND 31 U.S.C. & (Penalties under these statutes may include fines up to \$10,000 and/or				William F. Sledjeski	11/Seal	703-631-9647	2015	01	27	
	nment of between 6 m		p to vivious sharps	TYPED OR PRINTED NAME	SIGNATURE		YEAR	MO.	DAY	

WPDES Sewage Sludge Permit Application for Permit Reissuance Instructions WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application. Part 1 is general information to be provided by all facilities. Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied. Part 3 must be completed by all facilities that land apply Class B biosolids. Part 1 - Sludge Disposal Management (To be completed by all facilities) Facility Name: Young J Kim STP VPDES Permit No: 90026 1. Shipment Off Site for Treatment or Blending Is sewage sludge from your facility sent to another facility that provides treatment or blending? Yes Yes ☐ No If you send sewage sludge to more than one facility, attach additional sheets as necessary, Shipment off site is: The primary method of sludge disposal A back up method of sludge disposal a. Receiving Facility Name Norman M. Cole PCP NPDES VA 0025364 b. Receiving Facility VPDES Permit No. c. Include an acceptance letter from the Receiving Facility. unknown d. Receiving Facility's ultimate disposal method for sewage sludge 2. Disposal in a Municipal Solid Waste Landfill Is sewage sludge from your facility placed in a municipal solid waste landfill? Yes No If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary. Landfilling is: The primary method of sludge disposal A back up method of sludge disposal a. Landfill Name b. Landfill Permit No. c. Include an acceptance letter from the landfill. Incineration Is sewage sludge from your facility fired in a sewage sludge incinerator? Yes ✓ No Incineration is: The primary method of sludge disposal A back up method of sludge disposal a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes No If yes, provide the Air Registration No. If no, complete items b - d for each incinerator that you do not own or operate. b. Facility Name c. Air Registration No. d. Include an acceptance letter from the Incinerator. Class A Biosolids Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2. ✓ No ☐ Yes Are Class A biosolids from your facility land applied in bulk? ☑ No Yes ☐ Yes No No Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the VDACS certification number? 5. Class B Biosolids Do you produce Class B biosolids? If yes, complete Part 2. No No ☐ Yes Are Class B biosolids from your facility land applied land applied under the authorization of this VPDES Permit? If yes, Yes Yes **☑** No complete Part 3. Land Application Under a Separate Permit Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit? ☐ Yes ✓ No Biosolids are land applied under the authorization of a VPA permit Another VPDES Permit Out of State Complete items a - c for each VPA permit authorized to land apply biosolids from your facility. a. Permittee Name b. Permit No. c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

Not Applicable

VPDES Sewage Sludge Permit Application for Permit Reissuance							
Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applie	d i						
		☑ No					
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements	_ Yes	₩ No					
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide that demonstrate compliance with the applicable alternative.	le the dat	B .					
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10?	Yes	№ No					
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirement provide the data that demonstrate compliance with the applicable alternative.	nts and						
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B?	Yes	Ø No					
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg). Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO ₃ (mg/kg). Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart.	Yes	☑ No					
If no, provide the data with this application.							
Part 3 - Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolid	ls.)						
 Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evid responsibility shall be provided in accordance with 9VAC25-31-100 P 9. 	ence of fi	inancial					
 For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Biosolids Form (VPDES Sewage Sludge Permit Application Form - Attachment to Section C). 	Agreeme	nt ÷					
3. Are any new land application fields proposed at this reissuance?	☐ Yes	No No					
If yes, contact the DEQ Regional Office for additional submittal requirements.							
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate.	Yes	No No					
If no, contact the DEQ Regional Office for additional submittal requirements.		٠					
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information?	☐ Yes	☑ No					
a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolid	S .						
b. A description of the transport vehicles to be used.							
 Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle clear reclamation, and emergency notification and cleanup measures. 	ning), fie	eld					
 d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distrit appropriate loading rates. 	oution and	đ					
 Procedures used to ensure that land application activities address notification requirements, signage requirements, slope operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restr 	ictions.	V					
 Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Pe (9VAC25-31-420 through 720). 	ermit Reg	rulation					
Certification	A STATE OF THE STA	ACT OF					
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
Name and Official Title Jung Woo Lee							
Signature							
Telephone number / Email (571) 723-6141 /							
Date signed 01/27/2015							
(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)							

Rev 7/18/2012

Page 2 of 2

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Virginia Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9VAC25-31-290.C.2.

Agent/Department to be billed:

Owner:

Applicant's Address:

Lorton, VA 22079

Agent's Telephone Number:

571-723-6141

Signature

VPDES Permit VA0090026 Young J. Kim STP

Please return to:

Joan C. Crowther VA-DEQ, NRO 13901 Crown Court Woodbridge, VA 22193-1453

Fax: (703)583-3821

Crowther, Joan (DEQ)

From:

jsledjeski@hotmail.com on behalf of Jeff Sledjeski [jeff@soiltechinc.com]

Sent: To: Wednesday, February 04, 2015 2:37 PM Crowther, Joan (DEQ); Bill Sledjeski

Subject:

FW: VA0090026, Young J. Kim VPDES Permit Application Reminder letter

Attachments:

DMR-KIM2014.pdf; Signed 2015 EPAForm3510-1.pdf; Signed 2015 EPAForm3510-2A.pdf;

Signed 2015 Public Notice.pdf; Signed 2015

VPDESReissuanceSewageSludgePermitApplicationForm.pdf

Ms. Crowther,

Copies of signed forms are attached. I have also attached a DMR report for last year. Please feel free to call or email me or Bill with any questions or comments.

Jeff

Jeff Sledjeski, OSE Soil Tech, Inc. 14630-F Flint Lee Road Chantilly, VA 20151 Phone: (703) 631-9647

Fax: (703) 631-2156

"Stercus Accidit"

To: Joan.Crowther@deq.virginia.gov

Subject: Re: VA0090026, Young J. Kim VPDES Permit Application Reminder letter

From: wsledjeski@aol.com

CC: jeff@soiltechinc.com; bill@soiltechinc.com

Date: Tue, 27 Jan 2015 10:27:12 -0500

Joan -

I had a response from a representative for Y.J. Kim and they wish to keep the permit current however

they wanted to know if the name can be changed. I will forward the forms ASAP.

Bill S.

William F. Sledjeski, CPSS, OSE Soil Tech Inc. 14630-F Flint Lee Rd. Chantilly, VA 20151 703-631-9647 ----Original Message----

From: Crowther, Joan (DEQ) (DEQ) < Joan.Crowther@deq.virginia.gov >

To: William F. Sledjeski < wsledjeski@aol.com >

Sent: Fri, Jan 23, 2015 10:04 am

Subject: RE: VA0090026, Young J. Kim VPDES Permit Application Reminder letter

Hi Bill,

Thank you very much!

Joan

From: William F. Sledjeski [mailto:wsledjeski@aol.com]

Sent: Friday, January 23, 2015 9:54 AM

To: Crowther, Joan (DEQ)

Subject: Re: VA0090026, Young J. Kim VPDES Permit Application Reminder letter

Joan

Thank you for the update. I haven't been in contact with Y.J. Kim since 2012 and am not certain of the property or permit status. I will forward this information to an email address that may be helpful and respond back.

Bill S.

William F. Sledjeski, PSS, AOSE Soil Tech Inc. 14630-F Flint Lee Rd. Chantilly, VA 20151 703-631-9647

----Original Message----

From: Crowther, Joan (DEQ) (DEQ) < Joan.Crowther@deq.virginia.gov >

To: wsledjeski < wsledjeski@aol.com > Sent: Thu. Jan 22. 2015 3:28 pm

Subject: VA0090026, Young J. Kim VPDES Permit Application Reminder letter

Hi Bill,

The purpose of this email is to see if you are still the contact person for the Overseas Pan-Korean Center. The current VPDES Permit No. VA0090026 for the proposed wastewater treatment plant expires May 16, 2015. The VPDES Permit application for the reissuance of this permit was due November 17, 2014. The attached reminder letter was mailed to Mr. Kim on May 28, 2014. We have yet to receive the VPDES Permit Reissuance Application. If the proposed wastewater treatment plant is no longer needed, then the existing permit can be allowed to expire. However, if the intent is to still build the wastewater treatment plant, then the VPDES Permit Reissuance Application needs to be submitted now.

Please let me know if you are still the contact person for this facility and if you can help me with the submittal of the permit application.

Your attention in this matter is greatly appreciated.

Joan

Joan C. Crowther VPDES Permit Writer VA Department of Environmental Quality 13901 Crown Court Woodbridge, VA 22193 703-583-3925 fax 703-583-3821 joan.crowther@deq.virginia.gov

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Virginia Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9VAC25-31-290.C.2.

Agent/Department to be billed:

Owner:

Applicant's Address:

Lorton, VA 22079

Agent's Telephone Number:

571-723-6141

Authorizing Agent:

Signature

VPDES Permit VA0090026 Young J. Kim STP

Please return to:

Joan C. Crowther VA-DEQ, NRO 13901 Crown Court Woodbridge, VA 22193-1453 Fax: (703)583-3821

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Form Approved.	OMB NO.	2040-0086.

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VI. FACILITY	LOCATION				• 4		descriptions and for the legal authority data is collected.				
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INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .											
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EPA Form 3510-1 (8-90)

	VPDES Sewage Sludge Permit Application for Permit Reissuance		
Ins	tructions		
hat Part Part	IO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treat are applying for reissuance must complete and submit this application. 1 I is general information to be provided by all facilities. 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied. 3 must be completed by all facilities that land apply Class B biosolids.	ed sewage v	vastewater
Pai	rt 1 – Sludge Disposal Management (To be completed by all facilities)	181, 8¢.	The state of the s
Fac	cility Name: Young J Kim STP VPDES Permit No: 90026		
۱.	Shipment Off Site for Treatment or Blending	····	
	Is sewage sludge from your facility sent to another facility that provides treatment or blending?	☐ Yes	✓ No
	If you send sewage sludge to more than one facility, attach additional sheets as necessary.	!	
	Shipment off site is: The primary method of sludge disposal A back up method of sludge disposal		
	a. Receiving Facility Name		
	b. Receiving Facility VPDES Permit No.		
	c. Include an acceptance letter from the Receiving Facility.		
	d. Receiving Facility's ultimate disposal method for sewage sludge		
2.	Disposal in a Municipal Solid Waste Landfill		
	Is sewage sludge from your facility placed in a municipal solid waste landfill?	☐ Yes	✓ No
	If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.		
	Landfilling is: The primary method of sludge disposal A back up method of sludge disposal		
	a. Landfill Name		
	b. Landfill Permit No.		
	c. Include an acceptance letter from the landfill.		
3.	Incineration		[77] A.T
	Is sewage sludge from your facility fired in a sewage sludge incinerator?	∐ Yes	✓ No
	Incineration is: The primary method of sludge disposal A back up method of sludge disposal	□ .	
	a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?	∐ Yes	✓ No
	If yes, provide the Air Registration No.		
	If no, complete items b - d for each incinerator that you do not own or operate.		•
	b. Facility Name c. Air Registration No.		
	d. Include an acceptance letter from the Incinerator.	,	
l.	Class A Biosolids		
٠.	Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.	☐ Yes	✓ No
	Are Class A biosolids from your facility land applied in bulk?	☐ Yes	✓ No
	Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the	Yes	✓ No
	VDACS certification number?	_	
5.	Class B Biosolids		
	Do you produce Class B biosolids? If yes, complete Part 2.	☐ Yes	▼ No
	Are Class B biosolids from your facility land applied land applied under the authorization of this VPDES Permit? If yes, complete Part 3.	☐ Yes	▼ No
ó.	Land Application Under a Separate Permit		
	Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?	☐ Yes	✓ No
	Biosolids are land applied under the authorization of a VPA permit Another VPDES Permit Out of State		
	Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.		
	a. Permittee Name b. Permit No.		
			
	c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice a information" requirement of 9VAC25-31-530 F.	and necessar	

	VPDES Sewage Sludge Permit Application for Permit Reissuance							
Pa	art 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land app	lied.)						
1.	Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance?	☐ Yes	☑ No					
2.	Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4?	☐ Yes	☑ No					
	Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and pro- that demonstrate compliance with the applicable alternative.	vide the dat	ta					
3.	Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10?	Yes	☑ No					
	Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions require provide the data that demonstrate compliance with the applicable alternative.	ments and						
4.	Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B?	☐ Yes	≥ No					
5.	Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO ₃ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart.	Yes	₽ No					
	If no, provide the data with this application.							
Pa	art 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B bioso	lids.)						
1.	Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Expresponsibility shall be provided in accordance with 9VAC25-31-100 P 9.	ridence of f	inancial					
2.	For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).	n Agreeme	ent -					
3.	Are any new land application fields proposed at this reissuance?	☐ Yes	☑ No					
	If yes, contact the DEQ Regional Office for additional submittal requirements.							
4.	For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate.	☐ Yes	✓ No					
	If no, contact the DEQ Regional Office for additional submittal requirements.							
5.	Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information?	Yes	No					
	a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosof	lids.						
l	b. A description of the transport vehicles to be used.							
	 Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle c reclamation, and emergency notification and cleanup measures. 	leaning), fi	eld					
	 d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform dist appropriate loading rates. 	ribution an	d					
	 Procedures used to ensure that land application activities address notification requirements, signage requirements, slop operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site res 		ns,					
	 f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES (9VAC25-31-420 through 720). 	Permit Reg	gulation					
C	ertification		***					
de wi be	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							
	Name and Official Title Jung Woo Lee	***************************************						
	Signature							
	Telephone number / Email (571) 723-6141 /		- · ···· -					
	Date signed 01/27/2015							
(B	ased on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements	.)						

BASIC APPLICATION INFORMATION

PAR	T A. BASIC APPL	ICATION INFO	ORMATION FOR ALL A	PPLICANTS:			
All ti	eatment works mus	t complete ques	tions A.1 through A.8 of t	nis Basic Application	Information pack	et:	
A.1.	Facility Information	1.					
	Facility name	Kim Young J	Sewage Treatment Plant				
	Mailing Address	10527 Belmor	nt Boulevard, Lorton, VA	22079			
	Contact person	Jung Woo Lee	;				
	Title	Agent					
	Telephone number	(571) 723-614	1	· · · · · · · · · · · · · · · · · · ·			·
	Facility Address (not P.O. Box)	10527 Belmor	nt Boulevard, Lorton, VA	22079			
A.2.	Applicant Informat	ion. If the applica	ant is different from the abov	ve, provide the followin	ng:		
•	Applicant name	Overseas Par	n-Korean Center		·		
	Mailing Address	Same as Abo	ve				
	Contact person <u>Jung Woo Le</u>).				,
	Title	Chairperson					
	Telephone number	(571) 723-614	1				
	owner		tor (or both) of the treatm operator arding this permit should be		or the applicant.		
	facility		applicant	·			
A.3.	Existing Environments works (include state		rovide the permit number o	any existing environm	nental permits that l	have been issued to th	ne treatment
	NPDES			PSD			
	UIC			Other	VPDES VA0090	0026	
	RCRA			Other			
A.4.			ovide information on municipormation on the type of colle				
	Name		Population Served	Type of Collecti	on System	Ownership	
	10527 Belmont Boulevard		12	Separațe		Private	
	Tatal	nulation comed					
	i otai po	puiation served	12				

				-							
š. Ir	ndian Country.										
а	Is the treatment works located in Indian Co	ountry?									
	Yes										
b	Does the treatment works discharge to a rethrough) Indian Country?	eceiving water that is either	r in Indian Country or th	nat is upstream from	n (and eventually flows						
	Yes V No				,						
	163										
a	low. Indicate the design flow rate of the trea verage daily flow rate and maximum daily flow eriod with the 12th month of "this year" occur	w rate for each of the last th	ree years. Each year'	s data must be base							
а	Design flow ratemgd	,									
		Two Years Ago	Last Year	This Ye	<u>ar</u>						
b	. Annual average daily flow rate	N/A	N/A		N/A mgd						
С	. Maximum daily flow rate	N/A	N/A		N/A mgd						
	collection System. Indicate the type(s) of contribution (by miles) of each.	ellection system(s) used by	the treatment plant. Cl	neck all that apply.	Also estimate the perce						
	✓ Separate sanitary sewer				%						
	Combined storm and sanitary sewer				%						
. C	rischarges and Other Disposal Methods.			•							
	isonarges and earer proposal meancus.			,							
а	. Does the treatment works discharge efflue	ent to waters of the U.S.?		_ ✓ Yes	No						
	If yes, list how many of each of the following	ng types of discharge points	s the treatment works ι	uses:							
	i. Discharges of treated effluent1										
	ii. Discharges of untreated or partially treated effluent										
	iii. Combined sewer overflow points		·								
	iv. Constructed emergency overflows (pri										
	v. Other										
b	. Does the treatment works discharge efflue impoundments that do not have outlets for			Yes	_ √ No						
	If yes, provide the following for each surface impoundment:										
	Location:			i							
	Annual average daily volume discharged t	o surface impoundment(s)			mgd						
	Is discharge continuous or	intermittent	?								
С	Does the treatment works land-apply treated wastewater? Yes Yo										
	If yes, provide the following for each land application site:										
	Location:										
	Number of acres:										
	Annual average daily volume applied to sit	te:	Mgd								
	Is land application continue	ous or intern	nittent?								

Form Approve	d 1/14/99
OMB Number	2040-0086

FACILITY NAME AND PERMIT NUMBER

If yes, describe the mean(s) by whworks (e.g., tank truck, pipe).	ich the wastewater from the treatment works is discharged or transported to the otl	ner treatment
If transport is by a party other thar	the applicant, provide:	
Transporter name:	N/A	
Mailing Address:		
Contact person:	×	
Title:		· · · · · · · · · · · · · · · · · · ·
Telephone number:		•
Name: Mailing Address:	N/A	
Contact person:		
Title:		
Telephone number:		
If known, provide the NPDES perr	nit number of the treatment works that receives this discharge.	
Provide the average daily flow rate	e from the treatment works into the receiving facility.	mgd
	ge or dispose of its wastewater in a manner not included in nderground percolation, well injection)? Yes	No
If yes, provide the following for ea	ch disposal method:	
Description of method (including le	ocation and size of site(s) if applicable):	

intermittent?

Annual daily volume disposed of by this method:

_____ continuous or

Is disposal through this method





WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

a. Outfall number 10527 Belmont Boulevard b. Location Lorton 22079 (Cip crown) (Cip crown, if applicable) (Cip Code)). De	escription of Outfall.		e e					
Cluy or town, if applicable Fairfax	a.	Outfall number	10527	Belmont Boulevard	-				
Fairfax VA (County) 38 degrees 40' 12' N (State) 77 degrees '12' 32' W (Latitude) c. Distance from shore (if applicable) N/A ft. d. Depth below surface (if applicable) N/A ft. e. Average daily flow rate See Attachment VPDES Basis mgd f. Does this outfall have either an intermittent or a periodic discharge? Yes No (go to A.9.g.) If yes, provide the following information: Number of times per year discharge occurs: 365 Average duration of each discharge: < 1 hour Average flow per discharge: 0.0009 mgd Months in which discharge occurs: ALL g. Is outfall equipped with a diffuser? Yes No 10. Description of Receiving Waters. a. Name of receiving Waters Description of Receiving Waters a. Name of watershed (if known) N/A United States Soil Conservation Service 14-digit watershed code (if known): N/A United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A d. Critical low flow of receiving stream (if applicable): acute N/A cfs	b.	Location							
County States S				town, if applicable)			(Zip Code) VA		
tended to the control of the contro) 'ees 40' 12" N			(State)	es `12' 32" \//	
d. Depth below surface (if applicable) e. Average daily flow rate See Attachment VPDES Basis mgd f. Does this outfall have either an intermittent or a periodic discharge? If yes, provide the following information: Number of times per year discharge occurs: Average duration of each discharge: Average flow per discharge: Average flow per discharge: Months in which discharge occurs: ALL g. Is outfall equipped with a diffuser? Yes No 10. Description of Receiving Waters. a. Name of receiving water Occoquan River (Belmont Bay) b. Name of watershed (if known) N/A United States Soil Conservation Service 14-digit watershed code (if known): N/A United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A d. Critical low flow of receiving stream (if applicable): acute N/A Average daily flow rate VPDES Basis mgd ft. Ft. PPES Basis mgd ft. Ft. Pyes No No (go to A.9.g.) No (go to A.9.g.)							(Longitude)	C3 12 32 VV	
d. Depth below surface (if applicable)	C.	Distance from shore	(if applicabl	e)	N/A	ft.			
e. Average daily flow rate See Attachment VPDES Basis mgd f. Does this outfall have either an intermittent or a periodic discharge?	٨				N/A				
f. Does this outfall have either an intermittent or a periodic discharge? If yes, provide the following information: Number of times per year discharge occurs: Average duration of each discharge: Average flow per discharge: Months in which discharge occurs: ALL g. Is outfall equipped with a diffuser? Yes No 10. Description of Receiving Waters. a. Name of receiving water Occoquan River (Belmont Bay) b. Name of watershed (if known) N/A United States Soil Conservation Service 14-digit watershed code (if known): N/A United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A d. Critical low flow of receiving stream (if applicable): acute N/A cfs chronic N/A cfs	u.			_	<u>;</u>				
periodic discharge?	e.	Average daily flow r	ate	See Attachment	VPDES Basi	S mgd			
periodic discharge?	f.	Does this outfall have	e either an i	ntermittent or a					
If yes, provide the following information: Number of times per year discharge occurs: Average duration of each discharge: Average flow per discharge: Nomoths in which discharge occurs: ALL g. Is outfall equipped with a diffuser? Yes No 10. Description of Receiving Waters. a. Name of receiving water Occoquan River (Belmont Bay) b. Name of watershed (if known) United States Soil Conservation Service 14-digit watershed code (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A d. Critical low flow of receiving stream (if applicable): acute N/A cfs chronic N/A cfs					√ Yes		No	(go to A.9.g.)	
Number of times per year discharge occurs: 365 Average duration of each discharge: < 1 hour Average flow per discharge: .0009 mgd Months in which discharge occurs: ALL g. Is outfall equipped with a diffuser? Yes No 10. Description of Receiving Waters. a. Name of receiving water Occoquan River (Belmont Bay) b. Name of watershed (if known) N/A United States Soil Conservation Service 14-digit watershed code (if known): N/A United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A d. Critical low flow of receiving stream (if applicable): acute N/A cfs chronic N/A cfs		If ves. provide the fo	ollowina infor	- mation:				(5)	
Average duration of each discharge: Average flow per discharge: Months in which discharge occurs: ALL g. Is outfall equipped with a diffuser? Yes No 10. Description of Receiving Waters. a. Name of receiving water Occoquan River (Belmont Bay) b. Name of watershed (if known) N/A United States Soil Conservation Service 14-digit watershed code (if known): N/A United State Management/River Basin (if known): N/A United States Geological Survey 8-digit hydrologic cataloging unit code (if known): All N/A Critical low flow of receiving stream (if applicable): acute N/A Cfs chronic N/A Cfs		,	g				*		•
Average flow per discharge: Months in which discharge occurs: ALL g. Is outfall equipped with a diffuser? Yes No 10. Description of Receiving Waters. a. Name of receiving water Occoquan River (Belmont Bay) b. Name of watershed (if known) N/A United States Soil Conservation Service 14-digit watershed code (if known): N/A United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A d. Critical low flow of receiving stream (if applicable): acute N/A cfs no NO NO NO NO NO NO NO N/A Critical low flow of receiving stream (if applicable): acute N/A Critical low flow of receiving stream (if applicable): acute N/A Critical low flow of receiving stream (if applicable): acute N/A Critical low flow of receiving stream (if applicable): acute N/A Critical low flow of receiving stream (if applicable): acute N/A Critical low flow of receiving stream (if applicable): acute N/A Critical low flow of receiving stream (if applicable): acute N/A Critical low flow of receiving stream (if applicable): acute N/A Critical low flow of receiving stream (if applicable): acute N/A Critical low flow of receiving stream (if applicable): acute N/A Critical low flow of receiving stream (if applicable): acute		Number of times per	r year discha	rge occurs:	36	5	 .		
Months in which discharge occurs: ALL		Average duration of	Average duration of each discharge:			ur			
g. Is outfall equipped with a diffuser? Yes No 10. Description of Receiving Waters. a. Name of receiving water Occoquan River (Belmont Bay) b. Name of watershed (if known) N/A United States Soil Conservation Service 14-digit watershed code (if known): N/A c. Name of State Management/River Basin (if known): N/A United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A d. Critical low flow of receiving stream (if applicable): acute N/A cfs cfs		Average flow per dis	scharge:	<u>.</u>	0009 m				
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a. Name of receiving water Occoquan River (Belmont Bay) b. Name of watershed (if known) N/A United States Soil Conservation Service 14-digit watershed code (if known): N/A C. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A d. Critical low flow of receiving stream (if applicable): acute N/A cfs chronic N/A cfs	10 D	ecciption of Deccipi	n m Motoro						
b. Name of watershed (if known) United States Soil Conservation Service 14-digit watershed code (if known): N/A C. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A Critical low flow of receiving stream (if applicable): acute N/A cfs chronic N/A cfs	IU. DE	escription of Receiving	ng waters.						
United States Soil Conservation Service 14-digit watershed code (if known): N/A N/A United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A d. Critical low flow of receiving stream (if applicable): acute N/A cfs chronic N/A cfs	a.	Name of receiving w	vater	Occoquan River (Be	elmont Bay)				
United States Soil Conservation Service 14-digit watershed code (if known): N/A C. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A d. Critical low flow of receiving stream (if applicable): acute N/A cfs chronic N/A cfs									
c. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A d. Critical low flow of receiving stream (if applicable): acute N/A cfs chronic N/A cfs	b.	Name of watershed	(if known)	<u>N//</u>	Δ				
c. Name of State Management/River Basin (if known): United States Geological Survey 8-digit hydrologic cataloging unit code (if known): N/A d. Critical low flow of receiving stream (if applicable): acute N/A cfs chronic N/A cfs		United States Soil C	onservation	Service 14-digit watersh	ed code (if known):		N/A		
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): M/A d. Critical low flow of receiving stream (if applicable): acute N/A cfs cfs				3	,				
d. Critical low flow of receiving stream (if applicable): acute N/A cfs N/A cfs	C.	Name of State Mana	agement/Riv	er Basin (if known):			N/A		
d. Critical low flow of receiving stream (if applicable): acute N/A cfs N/A cfs		United States Contanies Course O digit budgets in anti-large with and difference of							
acute N/A cfs chronic N/A cfs		Officed States Geoid	gicai Survey	8-digit hydrologic catalo	oging unit code (ii kn	own).		,	
	d.	Critical low flow of receiving stream (if applicable):							
e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO ₃		acute N	/A	_ cfs	chronic	N/A	_ cfs		
		Total hardness of re	ceiving strea	m at critical low flow (if	applicable):	N/A	_ mg/l of CaCO	3	
	e.	Total flatuliess of le							
	e.	rotal hardness of re							
	e.	Total Haluness of Te							

				•					
FACILIT	Y NAME AND PERMIT NUMB	BER							Approved 1/14/99 Number 2040-0086
A.11. De	escription of Treatment.								
a.	What levels of treatment are	provided? Check al	I that ap	pply.					
	Primary		Secon	dary					
	Advanced		Other.	Describe:	ATU to San	d Filter to	Chlorinato	r/Dechl	orinator
b.	Indicate the following remova	al rates (as applicab	le):						
	Design BOD ₅ removal <u>or</u> Des	sign CBOD ₅ remova	ıl		> 96			%	
	Design SS removal	÷			> 95			%	
	Design P removal				0.18	mg/L(Lim	nitation)	%	
	Design N removal				<u>> 96</u>			%	
	Other Dissolved O				5 mg	/L (Limita	ition)	%	
C.	What type of disinfection is u	sed for the effluent	from this	s outfall? If disir	fection varies	by season	, please des	cribe.	
	Chlorination						•		
	If disinfection is by chlorination	on is dochlorination	used fo	or this outfall?			Yes		No
	•	·	useu ic	n this outlant					<u> </u>
d.	Does the treatment plant have	e post aeration?					Yes		No
pa <u>dis</u> co of At	fluent Testing Information. A trameters. Provide the indicascharged. Do not include in illected through analysis cor 40 CFR Part 136 and other a minimum, effluent testing	ted effluent testing formation on comb aducted using 40 C ppropriate QA/QC	g requir pined se FR Par require	red by the perm ewer overflows t 136 methods. ements for stan	nitting author in this section, In addition, idard method	ity <u>for eac</u> on. All info this data s for anal	h outfall thrormation rep must compl ytes not add	ough worted my with Caressed	hich effluent is ust be based on data A/QC requirements by 40 CFR Part 136.
	PARAMETER	MAXIM	JM DAII	LY VALUE	`	. A\	/ERAGE DA	ILY VAL	UE .
		Value		Units	Value		Units		Number of Samples
pH (Mini	mum)	6		S.u.					
pH (Max	imum)	9		s.u.					
Flow Ra	te	.0009		MGD	.0009		MGD		1/3M
Tempera	ature (Winter)	N/A							
	ature (Summer)	N/A							
* F	For pH please report a minimui			u e	 				
	POLLUTANT	MAXIMUM DAIL DISCHARGE		AVERAGE	E DAILY DISC	HARGE	ANALY MET		ML/MDL
		Conc. Ui	nits	Conc.	Units	Number	of		

Samples CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. 7.5 mg/L BIOCHEMICAL OXYGEN BOD-5 N/A 7.5 1/3m mg/L DEMAND (Report one) CBOD-5 N/A FECAL COLIFORM N/A 9.0 mg/L 1/3m TOTAL SUSPENDED SOLIDS (TSS)

END OF PART A.

REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUM	IBER:			Form Approved 1/14/99 OMB Number 2040-0086
BASIC APPLICATION I	NFORMATION			
PART C. CERTIFICATION				
All applicants must complete the Cer applicants must complete all applical have completed and are submitting, all sections that apply to the facility for	ole sections of Form 2A, as exp By signing this certification sta	lained in the A tement, applic	application Overview. Indicate bel	ow which parts of Form 2A you
Indicate which parts of Form 2A ye		ubmitting:		
Basic Application Inform	ation packet Supplemen	tal Application	Information packet:	
	Pa	rt D (Expande	d Effluent Testing Data)	•
	Pa	rt E (Toxicity 1	esting: Biomonitoring Data)	
	Pa	rt F (Industrial	User Discharges and RCRA/CER	CLA Wastes)
	Pa	rt G (Combine	d Sewer Systems)	
ALL APPLICANTS MUST COMPLE	TE THE FOLLOWING CERTIF	FICATION.		
I certify under penalty of law that this designed to assure that qualified per who manage the system or those pe belief, true, accurate, and complete, and imprisonment for knowing violati	sonnel properly gather and eva rsons directly responsible for ga I am aware that there are sign	iluate the infor athering the in	mation submitted. Based on my lifermation, the information is, to the	nquiry of the person or persons e best of my knowledge and
Name and official title Jung Woo	Lee 2	>		
Signature	J //			MANAGARA AND AND AND AND AND AND AND AND AND AN
Telephone number (571) 723	-6141			
Date signed 01/27/201	5			in the second second
Upon request of the permitting authoworks or identify appropriate permitti		r information n	ecessary to assess wastewater tri	eatment practices at the treatmen

SEND COMPLETED FORMS TO: